



10-06-04

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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/798,822         | 03/11/2004             | David Cyganski        | 230852.3004-100        |

CONFIRMATION NO. 5042

FORMALITIES LETTER



\*OC000000012818354\*

MONICA GREWAL, ESQ.  
BOWDITCH & DEWEY, LLP  
161 Worcester Road  
P.O. Box 9320  
Framingham, MA 01701-9320

10/08/2004 HDEHES1 00000003 120080 10798822

Date Mailed: 06/02/2004

02 FC:1001 790.00 DA  
03 FC:1051 130.00 DA  
04 FC:1202 234.00 DA

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$234 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$1134 for a Large Entity

- \$770 Statutory basic filing fee.
- \$130 Late oath or declaration Surcharge.

- Total additional claim fee(s) for this application is **\$234**

- **\$234** for 13 total claims over 20.

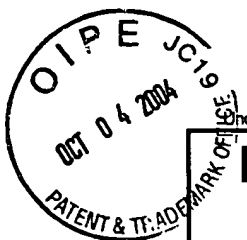
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Alexandria VA 22313-1450

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*A copy of this notice MUST be returned with the reply.*

Meazo. W  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |  |                          |                       |
|--|--|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br><small>Effective 10/01/2004. Patent fees are subject to annual revision.</small> |  | <b>Complete if Known</b> |                       |
|  |  | Application Number       | 10/798822-Conf. #5042 |
|  |  | Filing Date              | March 11, 2004        |
|  |  | First Named Inventor     | David CYGANSKI        |
|  |  | Examiner Name            | Not Yet Assigned      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Art Unit                 | Not Yet Assigned      |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | Attorney Docket No.      | WP9-001               |
| (\$)   |  | 1584.00                  |                       |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |               | <b>FEE CALCULATION (continued)</b>                         |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
|--|---------------|--|--------------|-----------------|----------|---------------|---------------|------|-------|--------------------|----------|------------------------|--------|--------------------|----------|-----------------------------------|---|----------|----------|---------------------------------------|--|----------|----------|--|--|----------|---------|--|--|---------------------|--|--|------|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |               | <b>3. ADDITIONAL FEES</b>                                  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 12-0080<br>Deposit Account Name: Lahive & Cockfield, LLP   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <b>FEE CALCULATION</b>   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <b>1. BASIC FILING FEE</b>   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th></th><th></th></tr></thead><tbody><tr><td>1001 790</td><td>2001 395</td><td>Utility filing fee</td><td>790.00</td></tr><tr><td>1002 350</td><td>2002 175</td><td>Design filing fee</td><td></td></tr><tr><td>1003 550</td><td>2003 275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 790</td><td>2004 395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td>(\$)</td></tr></tbody></table>   |               | Large Entity   | Small Entity | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) |      |       | 1001 790           | 2001 395 | Utility filing fee     | 790.00 | 1002 350           | 2002 175 | Design filing fee                 |   | 1003 550 | 2003 275 | Plant filing fee                      |  | 1004 790 | 2004 395 | Reissue filing fee                                 |  | 1005 160 | 2005 80 | Provisional filing fee                                     |  | <b>SUBTOTAL (1)</b> |  |  | (\$) |  |  |
| Large Entity   | Small Entity  | Fee Description  | Fee Paid     |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| Fee Code (\$)  | Fee Code (\$) |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1001 790   | 2001 395      | Utility filing fee   | 790.00       |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1002 350   | 2002 175      | Design filing fee  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1003 550   | 2003 275      | Plant filing fee   |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1004 790   | 2004 395      | Reissue filing fee   |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1005 160   | 2005 80       | Provisional filing fee                                     |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <b>SUBTOTAL (1)</b>  |               |  | (\$)         |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>33</td><td>-20** = 13</td><td>x 18</td><td>= 234</td></tr><tr><td>Independent Claims</td><td>-3** =</td><td>x</td><td>=</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>=</td></tr></tbody></table>   |               | Total Claims   | Extra Claims | Fee from below  | Fee Paid | 33            | -20** = 13    | x 18 | = 234 | Independent Claims | -3** =   | x                      | =      | Multiple Dependent |          |                                   | = |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| Total Claims   | Extra Claims  | Fee from below   | Fee Paid     |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 33   | -20** = 13    | x 18   | = 234        |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| Independent Claims   | -3** =        | x  | =            |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| Multiple Dependent   |               |  | =            |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
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| Large Entity   | Small Entity  | Fee Description  | Fee Paid     |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| Fee Code (\$)  | Fee Code (\$) |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1202 18  | 2202 9        | Claims in excess of 20                                     |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1201 88  | 2201 44       | Independent claims in excess of 3                          |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1203 200   | 2203 150      | Multiple dependent claim, if not paid                      |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1204 88  | 2204 44       | ** Reissue independent claims over original patent         |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| 1205 18  | 2205 9        | ** Reissue claims in excess of 20 and over original patent |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| <b>SUBTOTAL (2)</b>  |               |  | (\$)         |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
| **or number previously paid, if greater; For Reissues, see above   |               |  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
|  |               | <b>Other fee (specify)</b>                                 |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
|  |               | *Reduced by Basic Filing Fee Paid                          |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
|  |               | <b>SUBTOTAL (3)</b>  |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |
|  |               | (\$)   |              |                 |          |               |               |      |       |                    |          |                        |        |                    |          |                                   |   |          |          |                                       |  |          |          |  |  |          |         |  |  |                     |  |  |      |  |  |

|                     |                           |                                   |                 |
|---------------------|---------------------------|-----------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                           | <b>(Complete if applicable)</b>   |                 |
| Name (Print/Type)   | Michael J. Bastian, Ph.D. | Registration No. (Attorney/Agent) | 47,411          |
| Signature           |                           | Telephone                         | (617) 227-7400  |
|                     |                           | Date                              | October 4, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL981584560US, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 4, 2004

Signature: (Michael J. Bastian, Ph.D.)



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                        |                       |
|---|------------------------|-----------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/798822-Conf. #5042 |
|   | Filing Date            | March 11, 2004        |
|   | First Named Inventor   | David CYGANSKI        |
|   | Art Unit               | Not Yet Assigned      |
|   | Examiner Name          | Not Yet Assigned      |
| Total Number of Pages in This Submission  | Attorney Docket Number | WP9-001               |

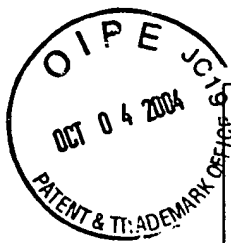
| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                                 | <input type="checkbox"/> Request for Refund   | Part 2 Copy of Notice (2 pages)   |
| <input type="checkbox"/> Information Disclosure Statement                            | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Combined Declaration and Power of Attorney (4 pages)                                    |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                      |   | Return Receipt Postcard   |
| <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | LAHIVE & COCKFIELD, LLP<br>Michael J. Bastian, Ph.D. - 47,411 |
| Signature                                  |   |
| Date                                       | October 4, 2004   |

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Dated: October 4, 2004

Signature: (Michael J. Bastian, Ph.D.)



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Dated: October 4, 2004

Signature: 

(Michael J. Bastian, Ph.D.)

Docket No.: WP9-001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
David Cyganski *et al.*

Application No.: 10/798822

Filed: March 11, 2004

For: SYSTEMS AND METHODS FOR SUB-  
WAVELENGTH IMAGING

Confirmation No.: 5042

Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


In response to the Notice to File Missing Parts of Nonprovisional Application mailed from the U.S. Patent and Trademark Office on June 2, 2004, Applicants respectfully submits a Combined Declaration and Power of Attorney, the Filing Fee for the Application (as shown on accompanying Fee Transmittal), and Part 2 Copy of Notice.

Please charge our Deposit Account No. 12-0080 in the amount of \$1,584.00 covering the fees set forth in 37 CFR 1.16(a)(c) and (e), and 1.17(a)(2). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or

with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. WP9-001. A duplicate copy of this paper is enclosed.

Dated: October 4, 2004

Respectfully submitted,

By 

Michael J. Bastian, Ph.D.

Registration No.: 47,411

LAHIVE & COCKFIELD, LLP

28 State Street

Boston, Massachusetts 02109

(617) 227-7400

(617) 742-4214 (Fax)

Attorney/Agent For Applicant